

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

INDEX OF CLAIMS

| | | |
|-------------------|---|--------------|
| Rejected | N | Non-elected |
| Allowed | I | Interference |
| (Through numeral) | A | Appeal |
| Restricted | O | Objected |

| Claim | Date | Claim | Date | Claim | Date |
|----------|------|----------|------|-------|------|
| Final | | Original | | Final | |
| Original | | 1/2/96 | | 101 | |
| | | 1/15/96 | | 102 | |
| | | 3/8/96 | | 103 | |
| | | 10/2/96 | | 104 | |
| | | 1/30/97 | | 105 | |
| 58 | | | | 106 | |
| 59 | J | | | 107 | |
| 60 | J | | | 108 | |
| 61 | J | | | 109 | |
| 62 | C | | | 110 | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)